Isaac Buxton, 1773–1825

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WHEN the Royal Chest Hospital was abolished in 1954 the Secretary of this Section had the kindly thought that its founder might be commemorated. So far as we know, it was the first chest hospital in the world and Dr. Buxton has never had any recognition of his achievement. I knew nothing about him, and I had not been long at work before I came upon some very damaging reflexions on his character, mostly in E. W. Morris's *History of the London Hospital* (2nd edit., London, 1910). By the courtesy of Mr. L. W. Wilding of that hospital, I was able to look into all the records and I came to the conclusion that their historian had been both harsh and inaccurate about Buxton. Some of the statements are matters of opinion but some relate to historical fact and, as an example, I will just take Isaac Buxton's place in that great family which Morris denied him. There is not the slightest doubt that he belonged to it and quite possibly the first John Buxton to take an interest in the London Hospital in 1741 was his own grandfather.

Isaac's birth on May 6, 1773, was registered at Dr. Williams' Library and he was born in Grange Walk, an interesting street which contained the remains of Bermondsey Abbey and still has a few antiquities. When he was 9 years old he went as a Foundation Scholar to St. Paul's School and afterwards he was apprenticed for five years to his brother-in-law, Mr. Wrench, a seed merchant. But the period 1790–1800 is rather a mystery. According to the Authentic Memoirs of the Royal College of Physicians which was published during his lifetime (1818) he practised for a time as a dissenting minister but I can find no corroboration of this in Nonconformist records.

He was 27 before he went to Göttingen in 1800 to read medicine. The medical school at that time was attracting students from all parts of Europe, and the most powerful magnet was J. F. Blumenbach, Isaac Buxton's tutor. In 1802 he obtained his doctorate with a thesis which seems to have been a study of man as a ruminant, inspired possibly by the prevailing enthusiasm for comparative anatomy at Göttingen (Fig. 1). He also took the Oath.

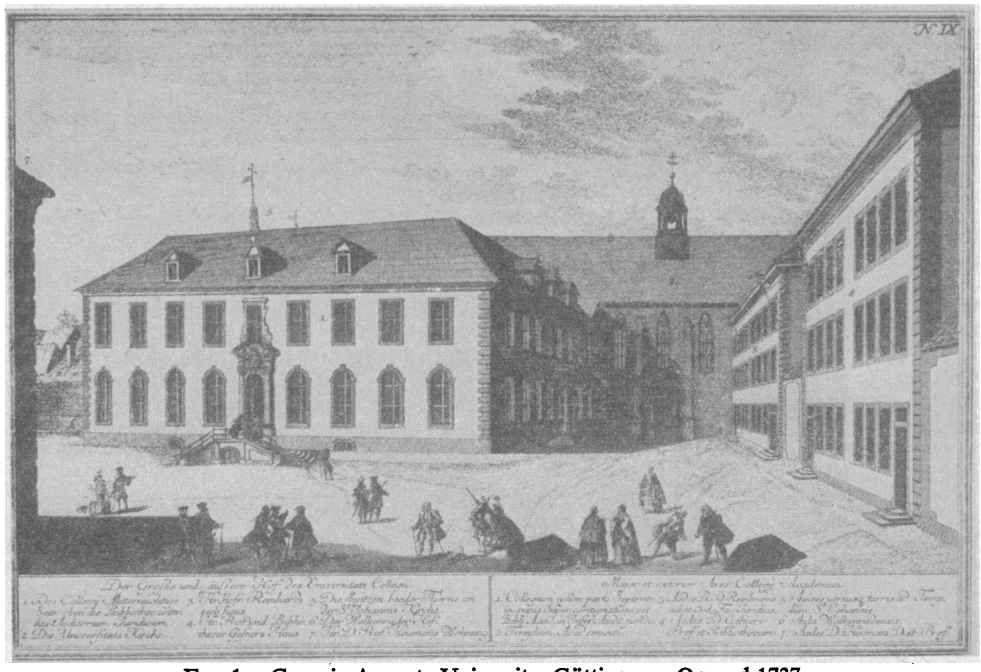

FIG. 1.—Georgia Augusta University, Göttingen. Opened 1737.

There were several styles of Oath in the medical schools of Europe; most of them were quite brief and omitted many of the provisions of the true Hippocratic Oath even in its Christian form. The one of Göttingen had an unusual clause which required a doctor of the town to denounce to the authorities any case of wounding to which he was called. It may have been part of an attempt to stop indiscriminate brawling as a few years before students had

been forbidden to wear their swords and even the three English Princes had had to conform to the rule when they were at the University, about 1788. In 1802 Buxton returned to London and enrolled at Guy's as a pupil dresser to Astley Cooper, and in 1805 he obtained the Licence of the Royal College of Physicians (Fig. 2).

In the next year he was on the staff of the Surrey Dispensary, the most important, if not the only, dispensary south of the river. The Apothecary kept an attendance book much to the annoyance of the doctors, but Buxton comes well out of it and several times "No rowdiness" was recorded of his clinic.

A year later he got on the staff of the London Hospital. There was no trick about his election as stated by Morris. It was just one of those battles inseparable from hospital appointments of the time and the London itself had others of a similar nature.

Then came a period of successful practice mostly in New Broad Street, during which time he married Janet Travers, first cousin to the surgeon Benjamin Travers, and promoted the little hospital for chest diseases in Spitalfields.

There is nothing to indicate whether he ever used a stethoscope but he could just have been aware of it before he retired in 1822. He knew French and both his successors at the Infirmary were enthusiastic followers of Laennec, so he was quite possibly interested in the instrument, especially as he is known to have been enterprising and once advised a young man never to condemn a new idea however mad it might seem at first sight.

He must have been fairly well thought of by his colleagues as he was elected to the Hunterian Society Council in its second year, but his health was failing and he attended no meetings. In 1822 he had to give up all his work and resign from the London. The scandal was to do with an anonymous report to the Governors that he had resigned for a pecuniary consideration. There is plenty of evidence that he resigned simply for ill-health and he died three years later. If he negotiated for the goodwill of his appointment together with his practice he was doing no more than was customary at the time and for many years afterwards.

He died in Camberwell in 1825 and was buried in Bunhill Fields, and except for the calumnies already mentioned he has rested in obscurity ever since.

Buxton can claim three achievements worthy of mention:

(1) An Essay written in 1810, a copy of which is in the Royal Society of Medicine;
(2) A set of statistics of London Hospital Admissions from its earliest days until 1820 which is in the library of the Royal College of Physicians;

FIG. 2.—Isaac Buxton, 1773–1825.

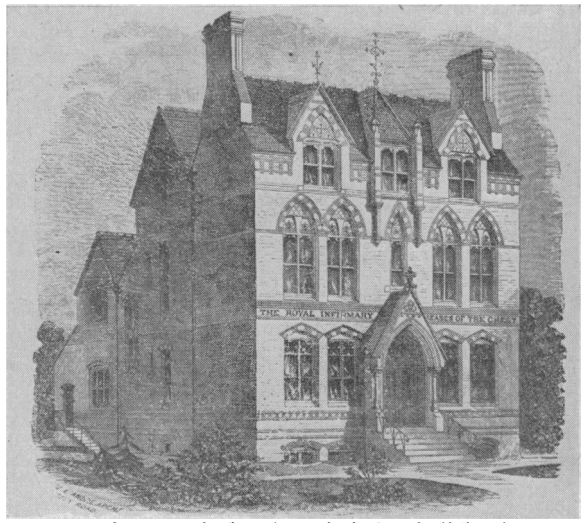

FIG. 3.—Royal Chest Hospital; first building in City Road, 1863.

(3) The foundation of the Infirmary which afterwards became known as the Royal Chest Hospital.

(1) One of Buxton's principal enthusiasms was the heating of sick rooms. He aimed at a temperature of 60° to 65° F. night and day during the winter months for patients with any kind of cough or consumption. It was not an original idea: Nottingham Hospital already had some central heating and the London was planning it. Beddoes was one of those who had written on single room heating but he had confused the issue with his cow-

house emanations, and Buxton was the first to make really practical suggestions for ordinary sick rooms.

His Essay is exceptionally well written; there are some statistics on the relation of climate to pulmonary diseases, a few case histories (one of them sent by Jenner) and a survey of heating systems at home and abroad. I do not know what reception it had in medical circles here but it was abstracted in a French journal and it has been quoted in at least two standard engineering books on the history of heating and ventilating. Ventilation was an essential part of Buxton's proposals as he had experienced its deficiency in Germany.

(2) In the years 1817 and 1818 fever raged in the East End and the staff and governors of the London were very perturbed at the number of cases being admitted to the Hospital. Buxton undertook to go through the records of the previous seventy years and give them a picture of the trend of disease and his report was printed. It consists of Tables of Medical and Surgical Admissions arranged in different ways to bring out special points, with comments. The analysis showed that though there had been a true increase of fever cases during the two years in question relative to that ten-year period, yet they were fewer than in previous decades and there had been a steady decline over the whole series. Buxton attributed this to improved hygiene of the streets and houses in London. But in spite of the decline in the incidence of fever there was a relatively higher mortality in the later years and he attributed that to the late stage of illness at which patients were admitted through the reluctance of the authorities.

Another disclosure was that fever admissions covered all the fever cases in the hospital, and therefore neither patients nor staff caught it in the wards. This said a good deal for the hygiene of the London as at another institution as many as 35 out of 39 contracted fever after admission.

Buxton ended up modestly: "The reasoning I have presented may not be deemed conclusive; the facts however are preserved and they will remain whatever may be the fate of my arguments."

This laborious and useful work is not mentioned in any biography of Buxton; the London Hospital does not possess a copy of it or of any of his publications.

(3) The story of the Royal Chest Hospital must be limited to its foundation. On March 25, 1814, there was a great concourse of important people at the London Tavern, Bishopsgate, to inaugurate the new charity. Dr. Buxton explained that his principal purpose was to have an institution where the wards could be kept at a constant warm temperature during the winter and the two Royal Dukes of Kent and Sussex enjoyed themselves describing their sufferings with bronchitis and asthma when the weather was inclement. It was called the Infirmary for Asthma, Consumption and other Pulmonary Diseases, and for the first six years Buxton was the only physician. He did not segregate consumptives as has sometimes been said, but admitted every kind of chest complaint into his 8 beds.

A house was found in Union Street, Spitalfields, which had belonged to a silk merchant. It was an exciting neighbourhood. The house next door was the childhood home of William Allen, known as the Spitalfields Genius, and the first of that family in Allen and Hanbury. A few doors away was another celebrity, Peter Bedford, the Spitalfields Philanthropist, who specialized in juvenile delinquents. Near-by in Crispin Street, was the Spitalfields Mathematical Society composed mostly of working weavers, and in the interstices of all this beneficence, in the stinking courts and alleys, were the poorest of the poor of London, Isaac Buxton's patients.

One would not have expected such a worthy charity to arouse any opposition, but it did. Dr. Thomas Sutton, an Army surgeon of considerable repute, wrote six long letters to the Duke of Kent protesting at his patronage of the new foundation. They had been refused by a newspaper and were printed as a tract. The gist of Sutton's objections was that heated rooms had not been proved to be a cure for consumption, and that the poor would suffer all the more when they got back to their miserable homes.

The Infirmary was in Spitalfields for thirty-five years and then in 1849 it was transferred to the City Road (Fig. 3). It was badly damaged by a bomb in 1941 but carried on a busy Out-patient department until it was abolished in 1954.